LENOX-MARTELL ELECTRONIC CHECK AUTHORIZATON FORM

(A MULTI-FLOW INDUSTRIES COMPANY)

PHONE: 617-442-7777 FAX: 617-522-9455
DATE:
ACCOUNT NAME:
ACCOUNT ADDRESS:
CITY, STATE, ZIP:
BANK NAME:
BANK ROUTING NUMBER:
BANK ACCOUNT NUMBER:
AMOUNT TO BE CHARGED:
NAME ON CHECK IF DIFFERENT FROM BUSINESS:
PREFERRED DAY of the WEEK FOR \$\$ TO BE PULLED FROM ACCT:
REASON FOR CHARGE: (INVOICE #/ACCT BALANCE, ETC)
CALL BACK NUMBER: (IN THE EVENT OF ANY PROBLEMS WITH ACH)
CUSTOMER ACCOUNT NUMBER:
EMAIL ADDRESS:
PERSON GIVING PERMISSION TO HIT THE ACCOUNT:
CHARGE WILL SHOW UP AS MULTI-FLOW INDUSTRIES ON STATEMENT
Recurring Monthly Charge Invoice to Invoice Payment Plan

For office use only: RMA

Bank

Initials:

Date: